



MaineCare Services

An Office of the  
Department of Health and Human Services

John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

Primary Care Case Management ~ Referral Form  
 Quality Management Unit ~ MaineCare Managed Care  
 Division of Health Care Management  
 Primary Care Provider Network Services  
 #11 State House Station ~ Augusta, ME 04333-0011  
 1-866-796-2463 ~ 207-287-4827~FAX 207-287-1864

Type or print clearly all information/multiple copies**Patient Verification:**

MaineCare SwipeCard, MaineCare Automated Voice Response 1-800-452-4694, MaineCare Inquiry 1-800-321-5557  
 (207-287-3081) (207-287-3094)

**1. PATIENT INFORMATION:**

MaineCare ID# \_\_\_\_\_ (First Name \_\_\_\_\_ Last Name \_\_\_\_\_)  
 (Use MaineCare ID# only) Date of Birth \_\_\_\_\_  
 (MM/DD/YYYY)

**2. REFERRAL TO:**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone # \_\_\_\_\_ Appointment Date/Time \_\_\_\_\_  
 (MM/DD/YYYY 00:00AM/PM)

**3. TYPE OF REFERRAL:** (Check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Single consultation visit for opinion | <input type="checkbox"/> Treatment up to__visits<br>(If not specified, three visits will be authorized) | <input type="checkbox"/> No diagnostic procedures  |
| <input type="checkbox"/> Single visit for Treatment            | <input type="checkbox"/> Therapy<br>OT__ PT__ SP__<br>(Check (✓) Therapy ordered)                       | <input type="checkbox"/> Valid for__months<br>(If not specified, this referral will be valid for six months) |
| <input type="checkbox"/> Surgery/Admit Hospital:<br>_____      | <input type="checkbox"/> Other, please explain<br>in box #4.  |  |

**4. CLINICAL INFORMATION** Prior Authorization (PA) is required for certain surgical procedures, durable medical equipment (DME) and all out-of-state services = 866-796-2463 ext 77131, FAX 287-7643.

The PA process must be done directly with the PA Unit. This form is not to be used for PA services.

Reason for referral:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please use ICD-9 code that describes PCP diagnosis

ICD-9 Code: \_\_\_\_\_

**5. PCP SITE REFERRAL NUMBER:**

(Referral # must match PCP of record. Authorized signature may be PCP or designated personnel at site)

Primary Care Provider/Site (Name) \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Phone \_\_\_\_\_

PCP Site Referral Number \_\_\_\_\_ Date \_\_\_\_\_  
 (9-digit 0002##### for CMS1500=Block 17a/UB-92=Field Locator 63 Line A) (MM/DD/YY)

This referral is not a guarantee:

- A. That the service is a covered MaineCare service;  
 B. That the patient will be eligible for MaineCare at the time of service; or  
 C. That the service has received Prior Authorization from the Department. (See note in Section 4)

WHITE - MaineCare YELLOW - Referral Provider PINK - PCP GOLD - Patient